

Individual

Demographic Reporting Form

Positive Alternatives

Date: 4-1 thru 6-19-16

Grantee Name: Helping Hand Pregnancy Center

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| 0 | 3 | 2 | 9 | 8 | 9 | 5 | 0 |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown |
|---------------|---------------|---------------|-------------|--------------------------|
| 9 | 4 | 8 | 15 | |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 9 | 27 | |

4. Client Race:

| Race: White | Race: African American | Race: African-American | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|------------------------|-----------------------|---------------------|-------------------------|---------------|
| 3 | 0 | 2 | 2 | 4 | 25 | |

5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 24 | 12 | |